

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017535

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 9 1962

Primary Registration District No.

Registrar's No.

1265

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ClaytonLength of stay in 1b  
DOAc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Louis County Hosp.

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Texas

b. COUNTY McClannan

c. CITY OR TOWN Waco

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2700 Mountain View Dr

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
CARLMiddle  
WILLIAMLast  
KIZER

4. DATE OF DEATH

Month Day Year  
April 23, 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10-2-1912

44

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

11. BIRTHPLACE (City and state or country)

Seal Co.

12. CITIZEN OF WHAT COUNTRY

Winters, Texas

USA

13a. FATHER'S NAME

Frank M. Kizer

13b. MOTHER'S MAIDEN NAME

Stella Lamb

14. NAME OF HUSBAND OR WIFE

Madeline

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give year or dates of service)

Yes

WWII

17. INFORMANT

1140 S.W. 30th St.  
Dennis K. Kizer-Okla. City

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound of head

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Self inflicted gunshot wound of head

20c. TIME OF INJURY  
Hour a.m. 11:30  
Month, Day, Year 4/23/6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

motel room - Holiday Inn, South

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis Missouri

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

4/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-24-1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

OKLAHOMA CITY, OKLA.

24. FUNERAL DIRECTOR

ADDRESS

Pfitzinger Mort. Kirkwood 22, Mo.

25. DATE RECD. BY LOCAL REG.

4-24-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

MAY 9 1962

AUG 21 1962

MAY 11 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Hector J. Gans Jr.*

Licensed Embalmer No. 4800

P. O. Address

*Hickman 27 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.